Surgeon General's Media Update
Feb. 12, 2007

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02/9/2007 - By Mass Communication Specialist 3rd Class (AW) Nicole Carter, National Naval Medical Public Affairs

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NAPLES, Italy — Patients rated the U.S. Naval Hospital in Naples, and its health clinics, the best out of all the U.S. military medical treatment facilities outside of the U.S., Navy officials said.

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WASHINGTON - A plastic shunt that can temporarily rejoin the severed blood vessels of soldiers wounded on the battlefield won federal approval Friday, following an expedited review.

Citing what it called a critical need for the shunt, the Food and Drug Administration took less than a week to review and clear for marketing the Temporary Limb Salvage Shunt. The FDA did so following consultations with the U.S. Air Force, which had been approached by the device's manufacturer. Similar reviews typically take 60 to 90 days.

Lt. Col. Todd E. Rasmussen, an Air Force vascular surgeon who helped champion the shunt, said one or two soldiers a week wounded in Iraq or Afghanistan could benefit from the device.

For most, it won't be a matter of saving a limb outright but rather salvaging the quality of a wounded leg or arm, Rasmussen said. "By that, I mean the muscles work better," he added.

Since the start of the Iraq war, more than 500 soldiers have lost limbs, many to injuries suffered in roadside bombings.

"This device has been used successfully by other countries, and is particularly important to serve our men and women in the armed forces who are seriously injured in combat," FDA devices chief Dr. Daniel Schultz said.

The tubelike device is designed to connect the two ends of a severed blood vessel, providing a temporary bridge or shunt around a wound to restore blood flow to an injured limb, the FDA said. It's approved for both military and civilian use as a stopgap measure until a trauma victim can undergo surgery.

The Temporary Limb Salvage Shunt is made by Vascutek Ltd., of Renfrew, Scotland. Its parent company is Japan's Terumo Corp.

For now, Vascutek is giving away the shunts to the military to evaluate, said Mac Ritchie, vice president of U.S. subsidiary Vascutek USA. It has no immediate plans to market them for civilian use, he added.

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BETHESDA, Md. - The National Naval Medical Center’s (NNMC) Pediatric Dental Clinic began its children’s dental health awareness program Feb. 5 in observance of National Children’s Dental Health Month.

This year’s American Dental Association initiated-themes are “Be Part of the Gr‘IN’ Crowd” and “Fight Tooth Decay 24/7.”

Lt. Sean McDonnell, head of pediatric dental division at the NNMC, said dental decay is the most prevalent infectious disease both in the United States and around the world. Tooth decay

affects more than 5 percent of babies by 9 months and 12 percent by age 1, according to an International Journal of Pediatric Dentistry study.

“The goal of the pediatric dental community during National Children’s Dental Health Month is to provide widespread education of parents and children regarding the importance of dental health,” McDonnell said.

Experts say paying attention to a child’s general nutrition and including fluoride supplementation in dental hygiene helps to delay or prevent infection and helps suppress germ activity in teeth.

Staff members from the pediatric dentist clinic visited Bethesda’s Child Development Center as part of their dental health awareness program.

Hospital Corpsman 3rd Class Tamiesha Wilson, a pediatric dental technician, said staff members used hand puppets, videos and handouts filled with “goodies,” and dressed up like the tooth fairy in an attempt to grab children’s attention.

“[We] try to get kids excited about brushing their teeth by making it fun while educating them on the importance of dental health,” Wilson said.

Several children at the Child Development Center already know the importance of brushing their teeth. Hope Dagdadu, 4, said not brushing your teeth causes a “dirty mouth.”

“Your teeth might get cavities and fall out,” said 4-year-old Andrew Sears.

Staff pediatric dentist, Cmdr. Alex Kordis said it is important to teach children at a young age in a preventative dental health program and to heighten awareness for good dental health.

“If we can prevent a child from having cavities, we have given that child a lifetime of smiles,” Kordis said.

The American Academy of Pediatric Dentistry recommends that children go for their first dental exam within six months of the eruption of their first tooth or by their first birthday, whichever comes first.

“The reason that we recommend seeing patients so early is to educate parents early regarding ways to help their children avoid tooth decay,” McDonnell said. “In addition to brushing, flossing, and frequent exposures to small amounts of fluoride via water and toothpaste, we put a strong emphasis on a dental friendly diet.”

McDonnell said he and his colleagues are also trying to reverse some patient’s perception that the dental office is “a frightening, unpleasant place.”

Wilson said if parents practice good oral hygiene, their children have a lower risk of dental decay.

Studies show that paying attention to a mother’s oral health before and after childbirth is important because she could be their prime source of infection.

“Parents [can] transfer bacteria that cause tooth decay to their children by sharing eating utensils, blowing on their food and kissing,” Wilson said. “[Pediatric dentists] want kids to brush

their teeth diligently. A lot of parents don't take [their children's dental care] seriously [until it's too late]."

RAF Lakenheath medical facilities called prepared for possible bird flu outbreak
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RAF LAKENHEATH, England — A top medical official at Lakenheath said Tuesday that its facilities are prepared for a pandemic influenza outbreak following the recent discovery of the potentially deadly H5N1 avian influenza — better known as bird flu — at a nearby poultry farm.

Lakenheath officials developed an installation response plan last June to assist military personnel by providing medical care, controlling chaos and preventing the spread of an outbreak. The base has the largest U.S. military hospital in the United Kingdom and regularly treats patients from other bases.

Thousands of turkeys died last week from the virus at the farm in Holton, about 55 miles east of Lakenheath. About 160,000 other turkeys have been culled and disposed of since then, according to the British Department for Environment, Food and Rural Affairs.

A 1.8-mile protection zone and a six-mile surveillance zone were emplaced around the infected farm that restricts the movement of poultry, and requires them and other captive birds to be isolated from wild birds, the agency said.

As part of Lakenheath's response plan, various units from the base would come together to manage the outbreak, said Lt. Col. Steven Hinten, the base public health flight commander.

"There would be different avenues of approach in limiting the exposure of influenza," he said.

Depending on the situation, the base could institute so-called social distancing, such as canceling school and other public activities, managing personnel flow in and out of the base, and advertising symptoms and prevention tips to base personnel.

On the medical side, the main thing would be tackling the patient flow, Hinten said. The hospital could set up an influenza illness clinic to separate infected personnel from other patients. The clinic would serve as a triage area to determine who is worse off than others, he said.

Last year, ABC News and The New York Times reported that if there were a worldwide avian influenza outbreak among humans, hospitals could exceed their supply of ventilators, which are used to assist the breathing of those with respiratory illnesses, such as influenza.

Hinten agreed, and said that was one of the issues discussed at Lakenheath.

"Various options have been looked at, to include possible outside support from within [Department of Defense], if available, and/or maybe even from the local civilian community," Hinten said.

He added that there is also a possibility that ventilators in this kind of incident wouldn't be needed.

Other Air Force bases in the U.K. have devised similar response plans after U.S. Air Forces in Europe issued a template for handling a pandemic influenza outbreak in June.

Hinten stressed that Lakenheath's plan does not cover other bases in the U.K.; however, some outside infected personnel could seek medical care at the base if need be, he said.

"They put together their own plans as well so as to appropriately address the issues that are unique to their area," he said. "That is something we have discussed and will adjust to if the situation presents itself."

Hinten said he hasn't really noticed any concerns in the base community regarding the recent bird flu findings. He believes this may be due to last year's on-base advertising campaign.

"We provided information on bird flu through base publications, commander's access channel and pamphlets," he said.

He said that the pamphlets are still available inside base medical facilities.

The H5N1 virus is a highly pathogenic strand of bird flu that has been responsible for killing 165 people worldwide, in addition to countless numbers of birds. In May, cases of a low-pathogenic strand of bird flu were reported from chicken farms in Dereham, about 35 miles northeast of Lakenheath, according to news reports.

There have been no reports of humans becoming ill in this latest outbreak, but England's Secretary of State for Environment, Food and Rural Affairs still advised bird owners to be watchful and contact authorities if they suspect disease.

Anyone who finds dead wild gulls, waders, ducks, geese or swans, as well as groups of dead birds, can report it to the DEFRA helpline on 08459 33 55 77.

For more information on avian influenza and the latest outbreak, go to **www.defra.gov.uk/animalh/diseases/notifiable/disease/ai.**

Bush's Proposed Health-Care Cuts Get Mixed Reviews
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02/11/07 - By Christopher Lee and Lori Montgomery, Washington Post

Depending on whom you ask, the budget that President Bush proposed last week will save or sink Medicare and Medicaid, two popular programs that, along with Social Security, threaten to swamp the federal budget as the baby-boom generation retires.

Bush, citing the need for fiscal responsibility, proposed reducing by $101 billion over five years the spending growth of the two health programs, which serve 93 million people and will cost the government $564 billion this year. One of his most controversial ideas is to charge wealthier seniors higher Medicare premiums for the second time in the program's 41-year history.

Budget experts call the plan one of the most significant efforts in years to rein in federal spending on entitlement programs. But health-care providers and advocates for beneficiaries

call the proposed cuts arbitrary and say they would exact an unaffordable toll on a big part of the nation's health-care system.

"It is very, very significant that they're willing to put on the table some specific proposals," said Comptroller General David M. Walker, who frequently warns of the government's troubled long-term fiscal outlook.

Stuart M. Butler, a budget expert at the conservative Heritage Foundation, said, "It's the only way forward in dealing with a huge unfunded obligation that right now is being left in the lap of our children and grandchildren."

Others see the proposals as likely to do more harm than good, and many congressional Democrats have accused Bush of trying to pay for the Iraq war and his signature tax cuts by reducing health care for elderly and poor Americans.

"There are problems in terms of future financing of Medicare, and those need to be dealt with in a comprehensive way," said Charles N. Kahn III, president of the Federation of American Hospitals. "To think we're going to solve all those problems by simply saying, 'We're not going to pay those who provide service what we need to pay them' is more than problematic. . . . This has more to do with the balanced budget and other things than it does with the preservation of Medicare."

Senate Finance Committee Chairman Max Baucus (D-Mont.) said the Bush plan does nothing to address the underlying causes of the financial woes of Medicare and Medicaid -- rising health-care costs.

"I know it's difficult, but the administration would be doing this country a much greater service by finding ways to lower the underlying costs of Medicare and Medicaid, rather than just lopping off the top," Baucus said. "These costs will just get transferred somewhere else -- emergency rooms or uncompensated care."

Some of the institutions affected most would be hospitals, nursing homes, home health agencies and other providers, whose Medicare payments would be more than $61 billion lower than anticipated over five years (although still higher overall). Bush also proposes automatic across-the-board cuts in provider payments if Medicare spending reaches certain levels for two consecutive years. His budget would not forestall a planned 10 percent cut in Medicare payments to doctors next year.

Bruce Yarwood, president of the American Health Care Association, said the 9,000 nursing homes he represents would receive about $10 billion less than anticipated over five years.

"We'll squeeze, cut and trim administrative costs," he said. "You take a look at your staffing patterns, and rather than four people on the night shift you have three. And rather than seven or eight on the day shift you have six. You take a look at your maintenance crew; you say, 'Rather than mow the lawn every week, I'll mow it every two weeks,' so you lay off a maintenance guy."

David L. Elliott, 74, a retired professor who relies on Medicare, said he worries that Bush's cuts eventually will drive more health-care providers out of the program.

"Medicare currently is underpaying doctors and hospitals, and it's not clear how long they can stand it," the College Park resident said. "Some doctors already are refusing Medicare patients. And this is going to continue."

Since Medicare's inception, beneficiaries have generally paid the same amount for coverage regardless of income, but some experts say that is now unsustainable. The problem was made worse when the GOP-controlled Congress added a prescription drug benefit in 2003, which is expected to cost $38 billion this year.

A little-noticed section of that law, however, for the first time required the more affluent to pay higher premiums. Starting this year, about 1.5 million beneficiaries with incomes of more than $80,000 annually ($160,000 for couples) pay monthly premiums of $106 to $162.10 for Medicare Part B coverage for physician services, up from the standard premium of $93.50.

The Bush budget would no longer adjust the income thresholds annually by inflation. And it would tie drug benefit premiums to income starting next year, a move that would affect 1.1 million beneficiaries, the Centers for Medicare and Medicaid Services calculates. The changes would save more than $10 billion over five years.

Budget hawks say Democrats should swallow hard and sign on.

"I know Democrats are reluctant and resistant and don't like the concept, but they have to scale back the federal commitment in some way," said Robert L. Bixby, executive director of the nonprofit Concord Coalition, which advocates reducing the federal deficit. "This does so in a progressive way, which is a principle the Democrats should be able to support."

But many seniors and their advocates, including the AARP, say an income test is unfair and threatens to make Medicare a welfare program instead of a broadly supported social insurance effort. Some point out that higher-income seniors already paid more in the form of higher Medicare payroll taxes during their working lives.

"I look at it as a tax increase," said Melville, N.Y., resident Sam Gross, 79, a retired accounting firm partner who pays the higher premiums.

Democrats have said they are not willing to accept cuts to Medicare and other entitlement programs unless the administration shows a willingness to raise revenues as well. Ultimately, however, treating beneficiaries differently based on income "does have to be part of the solution," Senate Budget Committee Chairman Kent Conrad (D-N.D.) said in an interview taped for C-SPAN and scheduled to air this weekend.

In Medicaid, which serves the poor and disabled, Bush proposes to trim spending growth by nearly $26 billion over five years through measures such as altering how the program pays for drugs and eliminating funding for graduate medical education in teaching hospitals. That would be a big blow for the nation's 800 teaching hospitals, said Richard M. Knapp, executive vice president of the Association of American Medical Colleges.

"We already struggle with our payments from Medicaid," Knapp said. "Major teaching hospitals have the lowest operating margins of all the hospitals in the country, and this would just add to that problem."

The White House argues that the proposals are not draconian. Medicare and Medicaid would account for about $596 billion in federal spending next year, up 5.7 percent. Medicare's average annual spending growth rate over the next five years would slow from 6.5 to 5.6 percent, while Medicaid's would be above 7 percent.

Many lung cancer cases in nonsmokers: study
02/09/07 – By Maggie Fox, Reuters

Up to 20 percent of women who develop lung cancer have never smoked, U.S. researchers found in a study that suggests secondhand smoke may be to blame.

A survey of a million people in the United States and Sweden shows that just 8 percent of men who get lung cancer are nonsmokers.

"I have a lot of patients who have never smoked," said Dr. Heather Wakelee of Stanford University in California, who led the study.

"And because of the stigma, people are embarrassed to speak out about their disease. They feel like as soon as they say they have lung cancer, everyone judges them."

She said it is not clear why women may be more likely to get lung cancer even if they have never smoked.

"There is a lot of controversy over whether women are more susceptible to smoking at all, whether direct or secondhand smoke," Wakelee said in a telephone interview.

Writing in Friday's issue of the Journal of Clinical Oncology, Wakelee and epidemiologist Ellen Chang said they tracked the incidence of lung cancer in more than 1 million people aged 40 to 79. All had taken part in various studies of diet, lifestyle and disease, some going back into the early 1970s.

Some groups were mostly white women, such as an ongoing nurse's study, while others included ethnically diverse groups, Wakelee said.

Among women who never smoked, the lung cancer incidence rate ranged from 14.4 per 100,000 women per year to 20.8 cases per 100,000. In men, it ranged from 4.8 to 13.7 per 100,000. Rates were about 10 to 30 times higher in smokers.

This would translate to about 20 percent of female lung cancer patients having been nonsmokers and 8 percent of males, they said. That compares with American Cancer Society estimates of about 10 percent to 15 percent for all lung cancer patients.

"That estimate has been thrown about without any hard data to support it. This data sort of supports it," Wakelee said.

Chang said that because more men smoke than women, women may be more likely to be exposed to secondhand smoke, even when they are classified as never-smokers.

"We know that secondhand smoke does increase the risk of lung cancer so it's likely that a lot of these cases we observe are attributable to that," she said in a statement.

Smoking is by far the leading cause of lung cancer, but radon, asbestos, chromium and arsenic are also associated with lung cancer.

The American Cancer Society projects that lung cancer will be diagnosed in 213,000 Americans in 2007 and kill 160,000.

Weill Cornell Medical College last week said it was starting a lung cancer study of 5,000 people working in industries with a high degree of secondhand smoke exposure, such as flight attendants, restaurant workers and entertainers.

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NAPLES, Italy — Patients rated the U.S. Naval Hospital in Naples, and its health clinics, the best out of all the U.S. military medical treatment facilities outside of the U.S., Navy officials said.

“We’ve made patient satisfaction everyone’s jobs, not just the providers,” said Navy Capt. Mark Bernier, the hospital’s executive officer.

The Pentagon and Tricare Management Activity contracted with the Picker Institute, an independent, not-for-profit organization, to survey patients of military medical facilities worldwide. Hospitals usually see a 40 percent participation rate.

The honor earned the Naples hospital and its clinics a $25,000 prize.

“We’re blessed with a fairly new building and a lot of the best of everything already,” Bernier said.

The 180,000-square-foot facility opened July 2003 at the support site base in Gricignano. The satisfaction survey included clinics at the Capodichino base in Naples; La Maddalena in Sardinia; Gaeta, near Formia; and St. Mawgan, in England.

No decisions have been made on how to spend the money, but a key area for improvement is the hospital’s appointment-booking telephone system, which at times is clogged, giving patients a busy signal, he said. The hospital also is developing a program so patients can book appointments online, Bernier said.

The survey measured patient satisfaction from booking appointments through the end of their medical care, Bernier said. Last year, Naples hospital and its clinics logged 80,000 “encounters,” he said, which include patients who return for a follow-up visit for the same ailment.

Rebecca Eusey visited the hospital upon arriving at Naples in spring 2006 and coming down with the “Naples crud,” ailments of her body getting accustomed to the change in climate, water,

food, etc. Her hospital visit “went very well. The staff was very professional and I received the same standard care as expected in North America,” said the Canada native.

“Medical care in Italy is not a choice, it’s a lack of options,” said Eusey, site manager for University of Oklahoma’s office in Naples. “I am not going to go to an Italian hospital. So I feel great that the option I do have being so top-notch.”